

APPLICATION FOR A LICENSE TO SELL POTENTIALLY HAZARDOUS FOODS AT A FARMER'S MARKET

Return application and payment to:

DEPT OF INSPECTIONS AND APPEALS
FOOD & CONSUMER SAFETY BUREAU
LUCAS BLDG - 321 E 12TH ST
DES MOINES, IA 50319

Phone : (515)281-6538

Date Of Application : _____

Type of Application : ☐ NEW ☐ RENEWAL

If new application, business opening date : _____

Has ownership changed since last license issued ? ☐ Yes ☐ No

If yes : Previous Owner : _____

Business Name : _____

Last License Number : _____

WATER SOURCE (check one) ☐ Public water supply

☐ Private Well

License # _____ Exp Date : _____

Name of Business : _____

Owner's Name : _____ Phone : _____

Physical Address : _____ County : _____

City : _____ State : _____ Zip : _____

Mailing address for all correspondence if different than above :

Street or Route : _____ Phone : _____

City : _____ State : _____ Zip : _____

Person-in-Charge : _____ Title : _____ Phone : _____

Ownership structure: Individual : _____ Partnership*: _____ Corporation*: _____

*(Complete next section for partners or corporate officers)

Name : _____ Title : _____ Name : _____ Title : _____

Address : _____ Address : _____

City : _____ State : _____ Zip : _____ City : _____ State : _____ Zip : _____

Description of stand/Unit : ☐ Trailer ☐ Truck ☐ Pushcart ☐ Other _____

Type of overhead : ☐ Canvas ☐ Wood ☐ Metal ☐ Other _____

Sides fully enclosed : ☐ Yes ☐ No Running Water : ☐ Yes ☐ No ☐ Hot ☐ Cold

What type of equipment washing facilities will you be providing ? _____

What type of handwashing facilities will you be providing ? _____

Type of food to be served and means of preparation ? _____

How do you plan to keep potentially hazardous foods (meat, eggs, dairy products, etc.) above 140°F or below 41°F ? _____

License Fee Structure : 100.00

* License is only valid at farmer's market sites located in the county applied for in the current season. To operate in counties other than the one applied for, a new license with an additional \$100.00 license fee is required.

Any change in Ownership Requires a New License. Licenses are **Not** Transferable.

Make Check or Money Order Payable to :

DEPT OF INSPECTIONS AND APPEALS

Signature of Applicant : _____

Title of Applicant : _____ Date : _____

FOR OFFICE USE ONLY

CK # : _____

\$: _____

CK Date : _____